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ABSTRACT

Informal discussion groups, "rap groups", have been found to be an effective method for establishing rapport and understanding with mentally retarded adults in sheltered workshop settings. To investigate the use of rap groups as a field research approach with mentally retarded adults, four groups of 6 to 9 mentally retarded adults, divided by functioning level and age, met for 15 weeks with a group facilitator whose role involved listening, moderate structuring, modeling of participation, and minimal shaping of responses. Group procedures varied amongst three facilitation levels: baseline (as stated above); treatment one which encouraged the expression of feelings; and treatment two which used questions to stimulate reflection on issues. Group sessions were audiotaped and transcribed for content. An analysis of the results showed that, as in previous research, the "rap groups" were effective in establishing rapport and trust with the agency and its clientele. The groups did not require a high degree of structuring and modeling, and with minimal shaping and moderate facilitation the participants were able to reach a meaningful depth of discussion, thus proving the effectiveness and appropriateness of this method for field research. A review of content showed that the predominant themes were romantic relationships, independence, self-worth, loneliness, support, and behavior control. (Procedural guidelines and examples of participants' comments are appended). (BL)

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"Rap Groups" as Field Research Method in a Sheltered Workshop

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Paper presented at the 91st Annual Convention of the American Psychological Association, August 26-30, 1983, Anaheim, California.

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Abstract

The experience of using rap groups as a field research approach at a sheltered workshop for mentally retarded adults is described. Time series data on group participation process and thematic analysis of participant generated categories of meaning are presented. It was found that a high level of participation and meaningful discussion occurred in the groups under minimal structuring and moderate facilitation. This approach and the understanding it produced are considered to be illustrative of the interactive process of inquiry appropriate for use by both field researchers and helping agents. Some of the present findings seem to independently replicate previous research in similar settings as well as point to directions for future study. Implications of the experience for the establishment of a field research and training relationship with those involved are discussed.

This paper describes an approach to research with the retarded adult in the naturalistic setting of a sheltered workshop. The method which involves conducting "rap groups" had been used by Turner (1977, 1981) who has produced a series of reports of ethnographic data on this population, and who recommended the rap group as a good way for the field investigator to establish rapport and understanding at the sheltered workshop setting.[1] The work reported here represents the efforts of a group of graduate students from the Counseling program at California State University-Fullerton, who have spent the past eight months as participant observers and facilitators of such rap groups at three sheltered workshops.

The reasons for this report are several. One, our experience in using this approach demonstrated its value in facilitating the establishment of a program of research and training as well as effective relationships with the agency involved and its clientele. Two, unlike previous applications of this approach which are known to the investigator, an effort was made to systematically monitor and evaluate the procedures and process of the rap groups. Three, the preliminary data which have been generated, while incidental to our particular experience, appear to independently replicate some of the findings by Turner and others who have conducted studies in similar settings. Finally, the rap group experience constituted an example of the interactive process of inquiry which seems an appropriate model of understanding for both researchers and helping agents.

The context in which the present work evolved was one in which the investigator wished to first become familiar with the population of interest

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[1] Turner, J. L. Personal communication, 1982.

before focusing on specific research questions. As one with limited experience with the mentally retarded population, I had felt that the adoption of a theoretical stance and use of standard experimental methods would be not only minimally productive, but risk impersonal inquiry. Further, I was in the position of training graduate Counseling students some of whom were equally unfamiliar with this population, but were interested in an opportunity to better understand these individuals through direct interaction. These students had been in a research class with me in which we discussed participant observation and other field research techniques (Bogdan and Taylor, 1975; Filstead, 1970; Glaser and Strauss, 1967; Johnson, 1975), as well as how they can be employed in conjunction with the more standard experimental designs to develop a model of inquiry appropriate to our goals. The following summarizes the rap group methodology and a tentative set of interpretations of our observations which are still evolving.

METHOD

Subjects

Subjects were mentally retarded adults selected by staff referral and informed consent from three sheltered workshops operated by the same community agency. Individuals were chosen from a potential list of clients with the aim of constituting two matched groups with participants from a high functioning work area, and two matched groups from a moderate functioning area, excluding any who were in therapeutic groups at the time.

The two high functioning groups (Group One and Group Two) consisted

of 6 and 7 members each respectively, matched on age (21-33 years; 21-34 years), sex (3 males and 3 females; 3 males and 4 females), and I.Q. level (full scale scores 57-74; 52-77). The diagnoses represented included mild (2 moderate) retardation, including Down's Syndrome, and combination of mental retardation and mental illness. Most of the members were in board and care, and the rest, living at home with parents.

The two moderate functioning groups (Group Three and Group Four) consisted of 8 and 9 members each respectively, matched on age (34-54 years; 30-53 years), sex (3 males and 5 females; 3 males and 6 females), and I.Q. level (full scale scores 52-71; 57-73). The diagnoses represented included mild (2 moderate) retardation, including Down's Syndrome, organic brain syndrome, and combination of mental retardation and mental illness. All but one member in both groups were in board and care.

Apart from differences in current work functioning level at the workshop, Groups One and Two differed from Groups Three and Four in being younger, with some members still living with parents, and with fewer diagnoses of brain dysfunction and history of being medicated. Tested I.Q. and verbal abilities appeared to be not significantly different.

Procedures

The four rap groups were each facilitated by two leaders who are graduate students in Counseling initially supervised by a participant coach. These facilitators who conducted the groups for the project spent an average of two to four hours weekly as participant observers in non-work settings at

the workshop in informal interactions with the staff and clients.

The procedures for the rap group as detailed in Appendix I were standardized for the four groups in the following respects: (1) structuring and content of the first session, so as to establish similar expectations and emphasize the confidential nature of the group; (2) group facilitator initiated agenda to be repeated over four cycles of five weekly sessions, which was intended to make the agenda somewhat comparable across groups as well as over time, such that group process might be evaluated with some control over variations in content; and (3) opportunities given to group members to introduce topics other than the agenda with which the facilitators invited responses.

The basic method of facilitation as described in Appendix I consisted of attentive listening, moderate structuring, some initial modeling of participation, and minimal shaping of the members' responses. Due to the limited literature on process type groups with this population, this level of facilitation was designated as Baseline condition with no hypothesis as to its degree of effectiveness. Two other conditions of facilitation were also used, designated as Treatment One and Treatment Two respectively. Treatment One differed from Baseline facilitation in terms of less active modeling of participation and more encouragement (by reflection) of the expression of feelings. Treatment Two was similar to Treatment One except for the additional use of two questions designed to stimulate members in reflecting on presented issues and in identifying their own desire for change, if any.

The group procedures were varied over four phases of four to five weekly sessions each, corresponding to the four cycles of common group agenda, with different facilitation methods introduced according to the following time series design (Campbell and Stanley, 1963):

Group One—Baseline, Treatment One, Treatment One, Baseline

Group Two—Baseline, Baseline, Treatment Two, Treatment Two

Group Three—Baseline, Treatment One, Baseline, Treatment One

Group Four—Baseline, Baseline, Treatment One, Treatment Two

To the extent that the four groups were comparable in certain characteristics, a multiple baseline situation was presumed.

Data Collection and Analysis

All group sessions were audio-taped and transcribed for content analysis. Frequency of members' participation was monitored on a time sampling basis by one of the group facilitators, with reliability check on inter-observer agreement as well as the agreement between continuous recording of participation rate and time sampling data. Content analysis of participants' responses was made by domain, recurring categories of meaning, and predominant themes, with sample reliability check. In addition, field notes were kept by the group facilitators on related observations.

RESULTS

Reliability check on the monitoring of group participation rate in a sample session between observers indicated 99% agreement in terms of the percentage participation of all group members. It was determined that the percentage participation of group members and leaders as averaged over a fifteen week period showed a .98 Pearson correlation between the continuous recording data and the time sampling data obtained on one of the groups.

The time sampling data on members' participation was summarized for each of the four groups in terms of total frequency averaged over number of sessions in each phase, allowing for fluctuations in attendance. This crude indicator of changes in participation over time suggests that the group facilitation procedures designated as Treatments had more discernible effects on the moderate functioning (Groups Three and Four) than the high functioning (Groups One and Two). As illustrated in Figure 1, although Group One appeared to show an increase in participation from Phase One to Phase Three, there was no clear reversal of treatment effects in Phase Four under Baseline 2. For Group Two, there appeared to have been an increase in participation from Phase One to Phase Two under continuing Baseline conditions. (Due to a significant decrease in group size by Phase Four, the data on this phase were not considered.) Given that these two groups were generally matched in characteristics, the data presented in Figure 1 altogether gave little support for treatment effects beyond baseline and time related changes. On the other hand, Figure 2 suggests that there were changes in group participation as a function of the facilitation during Treatment conditions for the moderate functioning groups. Group Three showed an increase in Phase Two with Treatment 1, followed by a clear reversal in Phase Three upon return to Baseline, and a replication of treatment effects in Phase Four. Group Four did not show the changes in Phase Two under continuing baseline conditions as observed in Group Two. The slight increases in Phase Three and Phase Four could be suggestive of some additive effects from the two treatments. The moderate functioning groups in this case were more responsive to the types of facilitation designated as treatments than the high functioning.

insert Figures 1 and 2 about here

An abundance of information was available from transcripts of the rap group sessions. In a sample of content analysis, participant generated categories of meaning as judged by two facilitators who did not conduct the same group reached about 80% agreement. Table 1 summarizes the predominant themes which appeared in over 60% of the sessions for each of the groups. These themes were all found to be recurrent over the four phases and cycles of facilitator initiated group agenda (with the exception of Dreams which occurred with less frequency in one group after Phase One). In all instances, several group members made comments related to the theme.

As shown in Table 1, there were some differences between Groups One and Two and Groups Three and Four in the nature of the predominant themes. The younger groups frequently brought up Romantic Relationships, as much as 86% of the time in one group. Similarly, Independence was a major issue for these groups where some members are still living at home with the parents. On the other hand, Self Worth and Loneliness and Support were predominant themes for the older groups. The latter was expressed in terms of a sense of isolation already experienced, though sometimes also in connection with anxieties about loss of support. Whereas Death and Loss emerged as a predominant theme in one of the younger groups, it was brought up more indirectly in the two older groups.

Behavior Control was a prevailing theme for all groups, especially Group Two and Group Four (where it emerged in 93% of the group sessions).

Other themes which were predominant for at least one of the groups are Dreams, Spiritual Support, and Nostalgia for Childhood. One of the older groups also talked about having family and children rather frequently.

The personal meanings of the identified themes as produced by the participants' comments can be better appreciated by reading the actual comments, some examples of which are presented in Appendix II. Independence was considered not only an age appropriate issue but an indication of how fairly one has been treated. Comments about Self Worth were most often made in the form of positive self-talk and self reinforcement. Similarly, Dreams involved either self encouragement or comfort by lost sources of support such as deceased family members. References to religion and Spritual Support were also offerd as encouragement for self or others. Preoccupation with Death was expressed in terms of sadness over actual losses or concerns about loss of support. Anger was expressed in relation to how oneself is perceived and treated by others. Yet, positive comments prevailed over negative self perceptions. Behavior Control involved both self control and monitoring and feedback on peer behaviors.

The self awareness and social awareness communicated by the participants were verified in all four groups by the facilitators who observed a richness in emotional expressiveness and the ability to productively make use of group time. Although no attempts were made to quantify the level of accomodative interactions occurring between group participants, the facilitators were impressed with the facilitative listening and support offered by group members to one another. In all cases, a high degree of

group cohesiveness and self disclosure was achieved within the first ten group meetings. A reading of the transcribed responses of individual participants over time suggests that as group members they seemed to be able to bring up personally salient topics within the general group agenda for discussion without difficulty. The only occasions when time sharing was not effectively achieved was when the introduction of new procedures, such as when Group Two entered Treatment 2, resulted in some ambiguity as to equal participation by all members regardless of verbal ability. In this sense, the participants were aware of changes in the amount of structuring on the part of the group facilitators.

Much data remain to be reviewed again and further analyzed. A few research questions have emerged, based on qualitative observations. For instance, it was observed that certain participants would use concepts such as "being engaged" rather differently depending on the individuals referred to and the person to whom they were speaking. It raised the question of whether language use actually vary as a function of purpose (reality monitoring versus creation of alternative realities) and one's judgment of the status of the individual receiving the communication (as a peer or someone with a different level of functioning). A second observation concerns the apparent ability of the participants to respond to meta-messages and changes in the emotional context of communication. We found ourseleves asking to what extent tested cognitive abilities are correlated with the ability to discern subtle aspects of communication. A third observation has been in the degree of accomodative interaction demonstrated, as stated earlier. Is there an essential difference between these individuals and non-retarded groups in the quality of interaction ?

DISCUSSION

Before commenting on the various findings, I wish to stress that by using the rap groups as a field research approach, we have probably learned much more about these individuals at the sheltered workshop than we could possibly have with preconceived research questions. We have also established a high degree of rapport and trust with both the agency involved and its clientele by entering the setting simply as interested participant observers.

The results reported here and our interpretations are really tentative. I invite you, especially, to question the quantitative analysis of interaction since frequency of participation is only one indicator of group process, and not necessarily the most meaningful way of representing the participants' responses in these group meetings. Moreover, the time series data were subject to the influence of variations in group size and other situational factors, and not sufficient to permit firm conclusions about procedural effects. Replication is definitely necessary in this regard, along with the use of a monitoring system which records other dimensions of participation such as accomodative interaction and responsiveness to meta-level communication, etc.

We did accomplish the objective of providing a description of the rap group and the procedures used by the group facilitators. The research literature on groups shows little reference to the mentally retarded population, while indicating a need to use field settings for group research (McGrath and Kravitz, 1982). Documentations of group work with the retarded

tend to involve highly structured behavioral or skills training approaches (Hariman, 1980), and seldom a process type approach whereby the thoughts and feelings of the participants are solicited (Siegel and Kantor, 1982). The "rap group" as used in our experience did not require a high degree of structuring and modeling of appropriate participation by the facilitators. It is significant that with minimal shaping and mainly interested listening, the participants were able to reach a depth of discussion and meaningful exchange considered highly productive for any given group. Those of you who are in clinical and counseling work or are familiar with the therapeutic literature may recognize that the minimal facilitation intended here actually generated a level of response beyond the attention to content only. The participants expressed feelings and discussed personally meaningful issues in a way which enabled us to better understand their phenomenological world, which could have only resulted from our interaction with them in this manner. The progression from content level exchange to summarization of meaningful themes which ideally occurs between a helping agent and client was demonstrated here as an interactive process necessary for field research and all forms of inquiry which has understanding as its goal.

The results of the content analysis and the various observations reported earlier are best considered as providing a basis for further explorations. It should be pointed out that the students who analyzed the material generated in the groups were not familiar with the previous work conducted in similar settings, and had few preconceptions about the private and social worlds of this population. It is of interest, therefore, that

some of the recurrent themes identified from our data replicated certain previous findings. Specifically, the report of dreams in which loved ones would appear and offer comfort and support was documented by Turner (1981). Behavior control as an issue had similarly been identified. Self worth and self perspectives have been researched in terms of how one copes with others' perceptions of oneself as well as self presentation bias (Heriot, Zetlin and Turner, 1982; Zetlin and Turner, 1981). The findings here on self encouragement and the derivation of social and spiritual support may add to the understanding of the personal psychology and coping patterns of these individuals. As stated earlier, several other research questions are taking shape, which may be systematically addressed in the future.

Before closing, a few additional comments should be made about the context of our use of the rap groups. We entered the sheltered workshop setting with the agreement that these groups were not intended to be therapeutic or problem solving groups, but rather a place where we as naive observers could become familiar with the participants and life at the workshop. The workshop clients came to the rap groups only with the understanding that they could freely talk about anything of interest or concern to them. The disqualification of the therapeutic value of the groups and the expertise of the field researchers allowed us to learn about the setting and its people without the immediate pressure to reciprocate. It is not true, however, that our team of participant researchers were any less accountable to the agency and its clientele. They experienced all the

usual stresses associated with role management and ethical decisions which confront field researchers. From the standpoint of establishing a cooperative program of research and training, a high degree of mutuality has been established. The students contributed to agency staff morale by being uncritical and interested. They gave the clients tremendous validation by their presence and willingness to disclose themselves as people. The agency and the clients reciprocated by granting us credibility and trust with the invitation to become further involved at the setting.

On a more personal note, our research team has become solidifed through having shared a highly meaningful and rewarding experience.

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Appendix I

PROCEDURES FOR THE "RAP GROUPS": BASELINE 1

First Session:

1) Explain the purpose of the group.
We are here to get to know you, how you see things, what is important to you in your life, and what life is like at the workshop. We are in the field of counseling and are interested in understanding people. Your coming to the group will help us with our work.
The group is for you to have a place where you can talk freely about what is on your mind, bring in any topic of interest to you, or any concerns you have.

2) Explain confidentiality.
Everything said in the group will be kept private, inside the group; it will be our secret unless we all decide to talk to other people about it.

3) Explain tape-recording and note-taking (observational monitoring).
One of the things we shall be doing every time is to have the tape-recorder on. (Demonstrate how it works). This is in order that we can listen again to what was said in the group, to help us with our understanding. You will also see us taking down notes sometimes, for the same reason. The tape recording and the notes will only be shared with people like us who are here at the workshop from the university, trying to get to know you.

4) Explain attendance and roll call.
Your being here in the group is something that you agreed to and will always be up to you. If for any reason you should decide to leave the group, we would like you to first talk to us about it.
Every time that we meet, we shall be writing down the names of everyone who came. This is so that we can thank you for being here, and to think about those who didn't make it, like if you were out ill that day.

5) Give each participant a name tag (write name for them) and do a roll call every time in a non-authoritarian way. Thank them for being there.

6) Explain contract.
The group will run for about 15 weeks. (Coaches: I will leave after 5 weeks because I am here mainly to help the student co-leaders get started with their work. They will be with you for all the rest of the time).

7) Explain our accountability to the agency and distinction from staff role.
We are not working for the workshop like the staff here. We hope to become your friend, as we are friends of this place. If you bring up a problem related to the workshop, we won't be able to do something specifically about it, like the staff could. So, when you need a problem solved, we'll ask you to talk to the director or the staff about it. Only in a general way, without saying who told us about it, we may tell the staff about some of your concerns, so that life here at the workshop could become better for you.

8) Expectations re. verbal participation.
It will take us a little time to get comfortable with one another. If you want to only listen for a while rather than talk, that is okay. If you like to say something, we are most happy to hear from you.

Appendix I -

Facilitation of Participation:

First 5 sessions - Model the type of response you are asking for, as a way of explaining the nature of the discussion topic.
- Invite general participation; do not call on specfic individuals to respond.
- Thank group member for participating, whether the response seems appropriate or relevant or otherwise.
- DO NOT SHAPE participants' responses; can "repeat" them.
- Group leaders to take turns in modeling; keep repeating question/topic if there is silence.
- Use attentive listening.

Content topics:

First session - Introductions; model a little bit of self-disclosure, mostly factual, e.g. "I am a working mother and going to school".
Cover agenda as spelled out on previous page.

Second session - Talk about activities of interest; concretely, what one likes to do, and what you normally do with your time.

Third session - Describe your social world; who are the people in your life. What do they mean to you? What do they do with you? How would you like to be,with them?

Fourth session - Describe private events; feelings, thoughts, wishes, dreams. What are some things you say to yourself? What do you think about when you are alone?

Fifth session - Describe how you see yourself. How would you describe yourself?

The topics will be repeated in 3 cycles, through sessions 6-10, 11-15, and 16-20.

Appendix I -

Procedures for Baseline 2

Agenda Setting - Group leaders will set the agenda, as in weeks 1 - 5.
Session 6 - activities of interest.*
Session 7 - social world; people in your life; what they mean to you, what they do with you, and how you would like to be when you are with them.
Session 8 - private events (phenomenology); feelings, thoughts, wishes, dreams, etc; what you say to yourself, what you think about when you are alone.
Session 9 - self description, self concept.

If group members introject different agenda, see how the group would go with it, then, return to topic and invite response to the agenda set by the leader. This should be similar to what was done in weeks 1 - 5.

Structuring and Facilitation -

Do essentially the same things as before, i.e., show appreciation for participation, use attentive listening, and DO NOT SHAPE participant's responses. One change will be to less actively model. Introduce topic and ask for responses without modeling the type of responses asked for. Use modeling only when everyone seems unable to relate to the agenda topic.

*By this time, group rules are fairly well set, i.e. in terms of listening, not speaking wh. someone else is talking etc. It will be interesting to ask the group members in Session 6 as to how they perceive the group and specifically what they have determined as the rules of the group. Please do this and use only the rest of the time for discussing the topic of the session (activities of interest). If group members ask leaders if their perceptions and sense of the rules are correct, DO NOT ANSWER til everyone has had a turn in sharing perceptions. Then, simply say: "Rules are made by the people who want to go by them, i.e. by all of us in this group. We have been making them up as we go along and we shall continue to do so." And wait for response and comments. If some members do not wish to accept this and ask for more clarity, tell them that one rule is that the leaders introduce the first topic of each session and expect members to do something with it.

Amount of structuring and facilitation should be as before and no more than is necessary. That is, if someone is highly disruptive or dominates the entire conversation, leader may invite others to have their turn. Essentially, maintain the same leader style as established in the first five weeks.

Appendix I -

Procedures for Treatment 1

Agenda Setting - Group leaders will specifically ask members to come up with the agenda or topics for discussion.* When a topic is introduced by a member, see how the group will go with it, as was done in the previous weeks. If no one has anything to bring up as a topic, use the same cycle of topics as before, i.e.
session 6 - activities of interest*
session 7 - social world
session 8 - private events
session 9 - self description, self concept

*The exception will be Session 6, which should begin with leaders asking the group members how they perceive the group, and specifically what they have determined as the rules of the group. If group members ask leaders if their perceptions and sense of the rules are correct, DO NOT ANSWER til everyone has had a turn in sharing perceptions. Then, simply say: "Rules are made by the people who want to go by them, i.e. by all of us in this group. We have been making them up as we go along and we shall continue to do so." And wait for responses and comments. If some members do not wish to accept this and ask for more clarity, tell them that one rule is that the members will introduce the topics for discussion and that leaders will only suggest topics if no one has any particular ideas.

Structuring and facilitation -

Continue to show appreciation for participation, use attentive listening, and DO NOT SHAPE participant's responses. One change will be less active modeling. Do not model the type of responses asked for by the topics introduced by the members unless no one seems able to relate to the agenda topic.

Amount of structuring should be as before and no more than is necessary. That is, if someone is highly disruptive or dominates the entire conversation, leader may invite others to have their turn.

Amount of facilitation should be increased. That is, use reflection on feeling expression. Do only reflection; do not confirm or disconfirm, or give advice, etc. Always refer to the other members as a resource if a member asks for help or support.

In other words, maintain a leader style which is basically similar to the first five weeks except for more facilitation as defined.

Appendix I -

Procedures for Treatment 2

Follow the procedures used in Treatment 1 in terms of decreased modeling and increased facilitation by reflection of feeling statements.

In addition, the following two questions should be used to stimulate group members in considering on their own the presented issues and problems and identifying the areas of desired change, if any:

1) How do you feel about that ?

2) What about that would you like changed ?

Appendix II

Examples of Participants' Comments

Theme: Independence

"I would like to move, learn to drive; I'm independent."

"I outgrew that home."

"...your father is too overprotective. His little girl hasn't grown up yet." " You're not a baby, you're an adult."

"Everyone gets to go their own place but me." "I asked my mom and she said she'll think about it."

"Seems like she has some kind of hold on me."

"She lets me make my own decisions."

"Supervisor baby-sits us." "Supervisor says we can't call in late by ourselves."

"You should learn to ride city bus and not dial-a-ride. There's more independence on city bus."

"Handle your problems like an adult."

"Someone said she shouldn't go on the rides...I was thinking she would be independent."

"I don't like them around treating me like that...I'm an adult!"

"My mother takes care of me and I'm a big girl now."

"Sometimes I take care of myself and stay home by myself when no one is home. I'm helping to grow up."

"They want us to act grown up like, but made us dye Easter eggs like kids do".

"Maybe her parents are afraid that she'll spend all the money on one shot.."

Appendix II -

Theme: Romantic Relationships

"Me and ... are boyfriend and girlfriend. He is better than ... He gives me a great feeling inside."

"She has taken him away; I cried all night. I want him to break up with her and go with me."

"He is lonely 'cause he doesn't have a girlfriend." "There's a special person in my life."

"They are fighting over the same guy."

"How can people start rumours about couples ?"

"If you give the ring back, then you can go with the other fellow."

"...is my boyfriend and I am very proud of him. He told me I look attractive to him... He makes me feel special inside... I think I am in love with him."

"Boys sometimes hurt my feelings too much. I don't want to see ... again. I don't care if he has two girls. I'm happy for him."

"...tells me that he really cares, but I have a boyfriend already."

Appendix II -

Theme: Self Worth

"I was an usher at the bowling banquet." "I feel proud."

"I'm a hard worker. I can handle responsibility." "I have a good career ahead of me." "My production is up and I've been keeping my records straight."

"I'm doing good."

"I'm top man." "First place in art show." "Fourth time I have broken the record."

"I need more challenging work." "I have a lot at stake here."

"...and I are the big wheels. We help give out the medicine."

"I'm helping the counselor out now."

"(re. handicapped) ... They are probably jealous of us; not human like us."

"I got an award for doing the most."

"I have strength to come through death in family and be on my own."

"I feel no good and helpless like a baby in my walker."

"I wish I were a normal person. I'm not understood by others."

"I'm well liked. I have many friends." "I'm a lovable person."

"I've done such a good job I have extra duty."

"I feel good when I buy coffee for my friend."

"I can't be like other people." "Do I do good work ?"

"I'm a strong person."

"I feel good when my clothes are coordinated. People laugh at me ...that hurts."

"Everyone says I am a lovable person."

Appendix II -

Theme: Loneliness and Support

"No one cares about me and I'm sad and lonely."

"I miss my sister alot." "My brothers and sisters don't come to see me. I love them but don't feel this from them."

"I have a sister who takes me out."

"I run to my mom for comfort... I feel protected."

"I'm looking for a boyfriend."

"I'm so lonely... I want a pal. The rap group makes me feel good."

"I cry sometimes when I'm alone." "I get down in the dumps."

"My mom is going to get this (fist) if she doesn't get here to see me."

"I'm lonely for my family to visit me."

Appendix II -

Theme: Death and Loss

"I think about my grandmother alot and really miss her too. I visit her grave alot "

"My dad told me that my grandmother died. I cried and cried. My brother is leaving also and my parents will be gone for two weeks. I feel very sad."

"I am crying today because my friend went into the hospital, and I am worried." "My grandfather is getting more feeble."

"Don't know what would happen to me if my parents died." "When they died, I'll have nobody."

"My sister is getting married in August. I am very sad about her leaving."

"It is hard for my whole family with my father being dead. I feel very scared. The last night he was alive he told me to take care of my mother and sisters."

"Today is my last day. I don't want to make a scene at the workshop and cry. I want to wait til I get home. I will miss everyone and I don't want them to know my crying."

"I'm going to be moving... I don't feel good about not being here anymore."

Appendix II -

Theme: Behavior Control

"He has to lose weight." "I did good on my diet."

"This morning I caught them hugging and kissing ...It's embarassing... It doesn't look appropriate."

" Don't fight. Talk and reason with her."

"Cover your mouth when you clear your throat."

"Can't write a love letter because he already has a girlfriend."

"I have to break him of his habit."

"Help others so they won't be criticized."

"I slapped her face. I have to be calm and relax."

"You are acting like a two year old." ""You had a two year old temper spell."

"I tell him what he should and shouln't do and he listens. I've got everything under control."

"That's not my adult behavior."

" I caught ... looking for pills. I told on her."

"Don't beg for food."

"I have to change my attitude and not argue."

"I have to calm down before I sleep."

Appendix II -

Theme: Dreams

"I dreamt that I am a good pitcher amd football player."

"I have pleasant dreams; I felt myself going up in heaven."

"My dad called me in a dream last night." "I dreamt about my dad; he is in heaven and I talked to him."

"I like to dream about my dead dog who is in heaven. And I would like to be a famous bowler."

"I had a dream I was fighting in Vietnam ...I tried to help the children... I flew a helicopter..."

"I dreamt that I can work at an old folks home."

"I dreamt of my relatives in heaven. My mom says I'm a good person."

Appendix II -

Theme: Spiritual Support

"I prayed God would help me and He did."

"I go to church and I solve my problems to the Lord."

"My father is dead and I miss him. He is in heaven, isn't he ?"

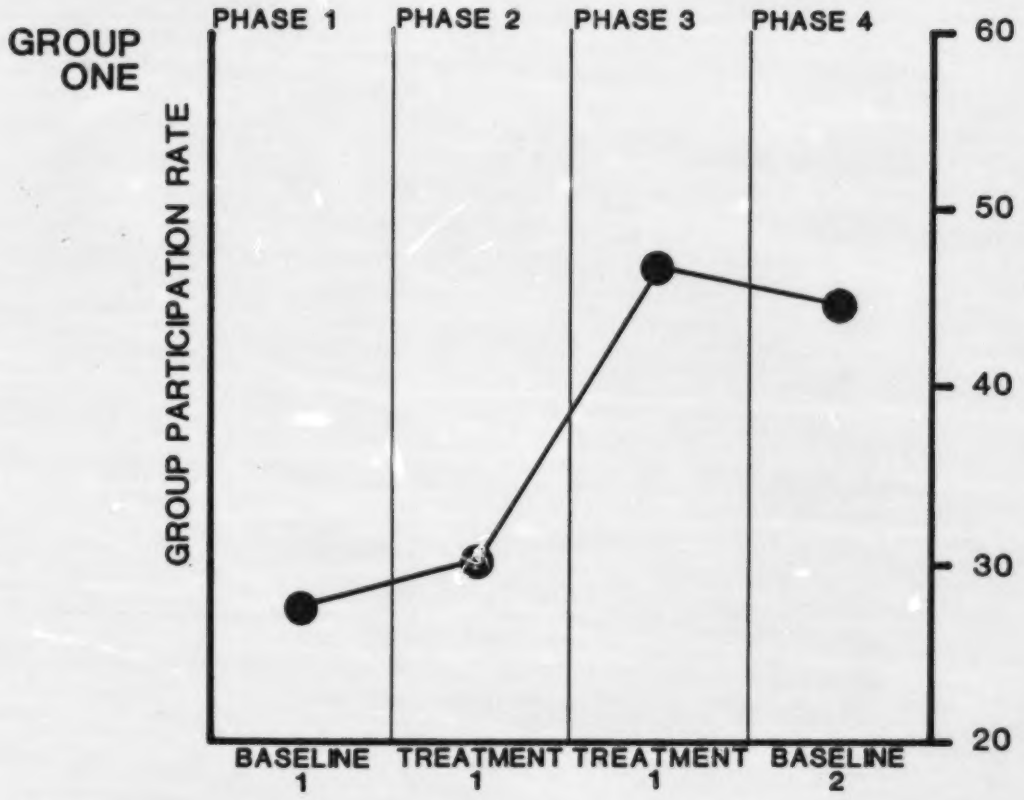
"If your religion allows it, would you pray for her ?"

"My grandmother passed away. She gave me a Holy Bible. I believe in it and like to read it. I feel better after I read the Bible."

"I pray for my dad in church. I see him on the cross."

"The Lord keeps my mom alive."

"If it wasn't for the Lord, I don't know where I would be."



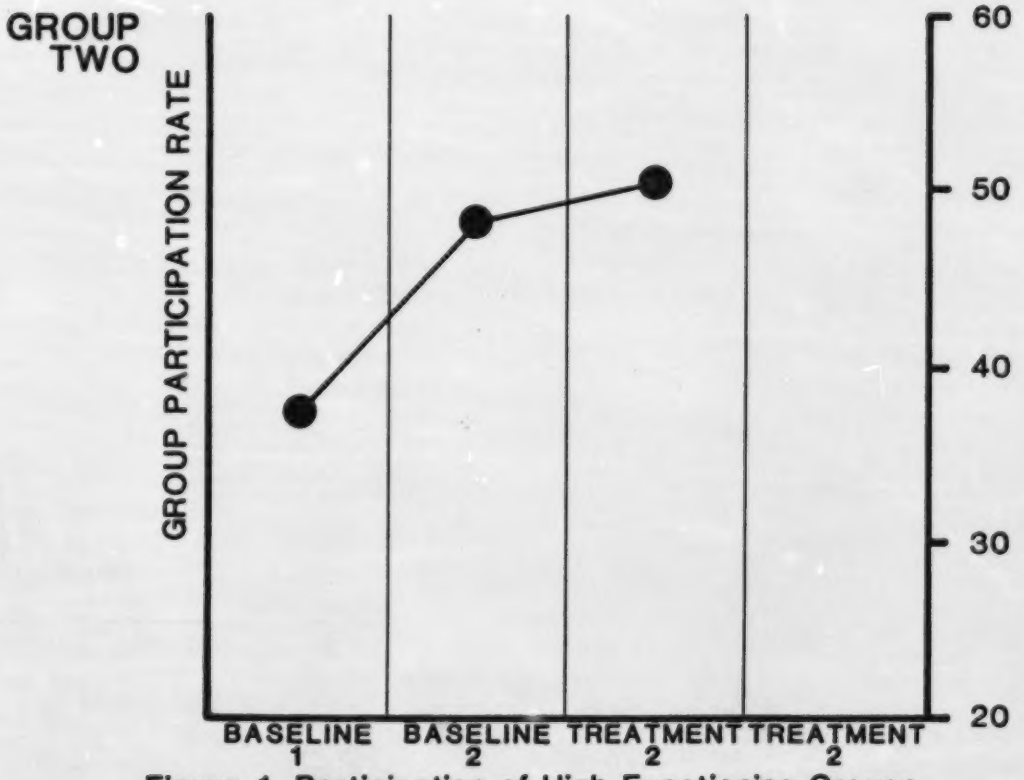
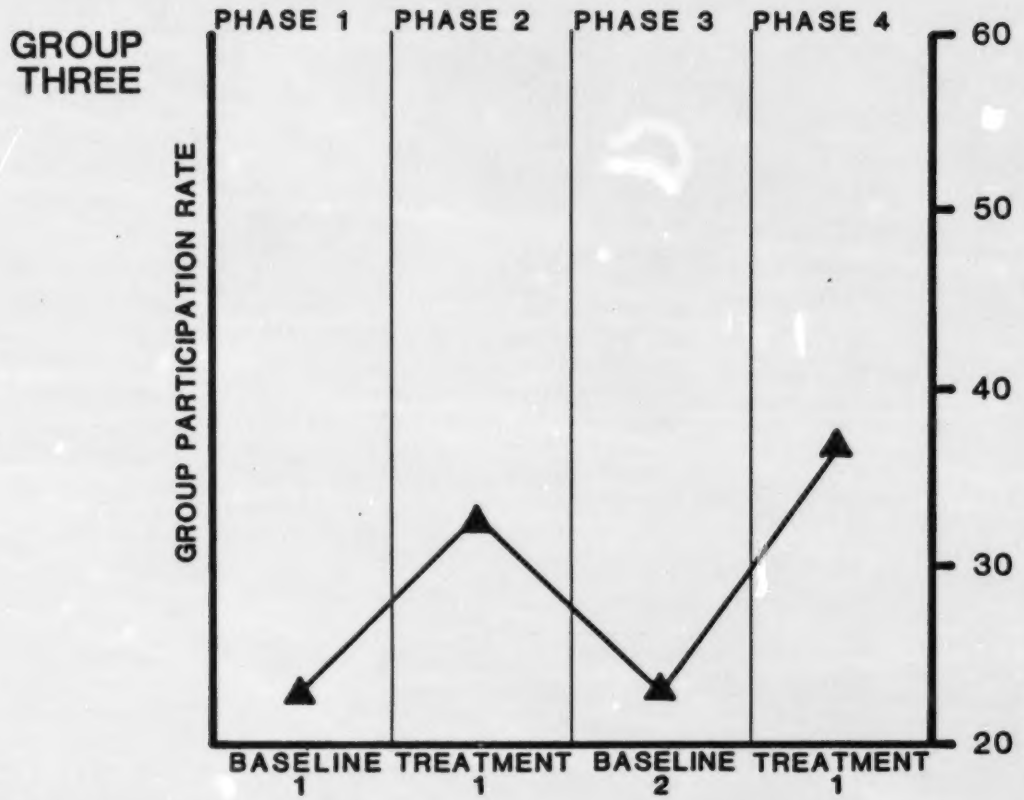


Figure 1. Participation of High Functioning Groups.



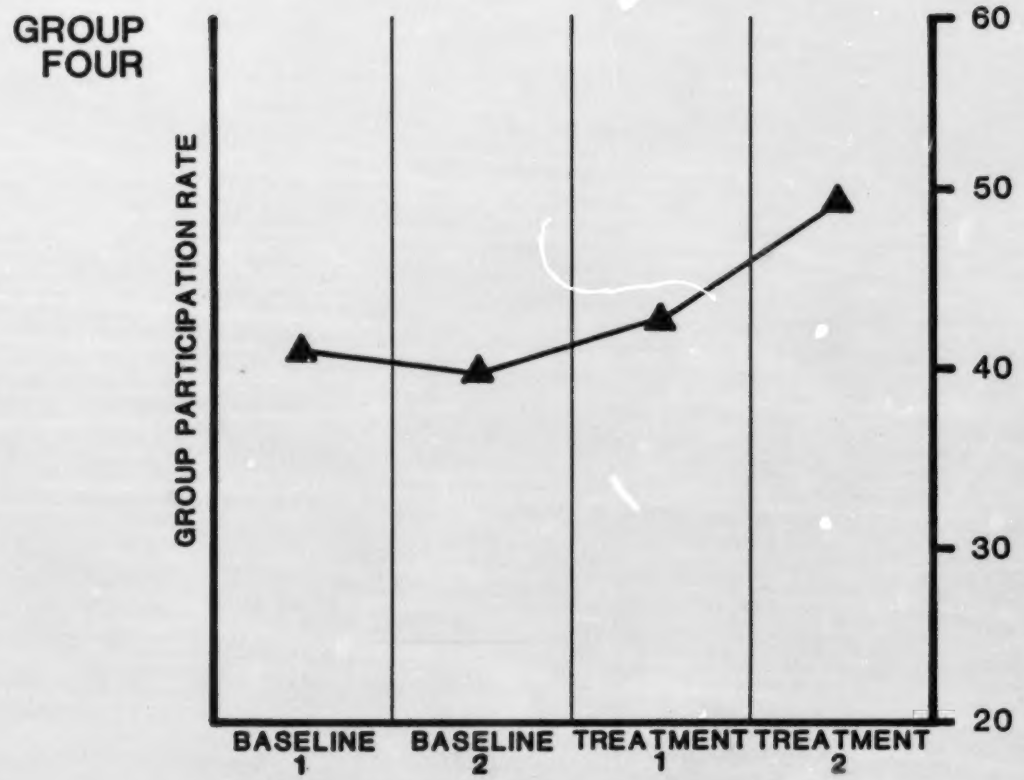


Figure 2. Participation of Moderate Functioning Groups.

Table 1

Summary of Recurrent Themes

Theme	Group			
	One	Two	Three	Four
Independence	X	X	—	—
Romantic Relationships	X	X	—	—
Self Worth	—	—	X	X
Loneliness and Support	—	—	X	X
Death and Loss	X	—	—	X
Behavior Control	—	X	—	X
Dreams	X	—	—	—
Spiritual Support	X	—	—	—

Note. Only themes appearing in over 60% of the group sessions are included; a theme which is not predominant for a particular group might have occurred with lower frequency.